

Dealing with Difficult Patients

DR. NOREEN MIRZA
DEPT. OF MEDICAL EDUCATION
COLLEGE OF MEDICINE
PRINCESS NOURA UNIVERSITY
KINGDOM OF SAUDI ARABIA

Objectives

By the end of the session, students will be able to:

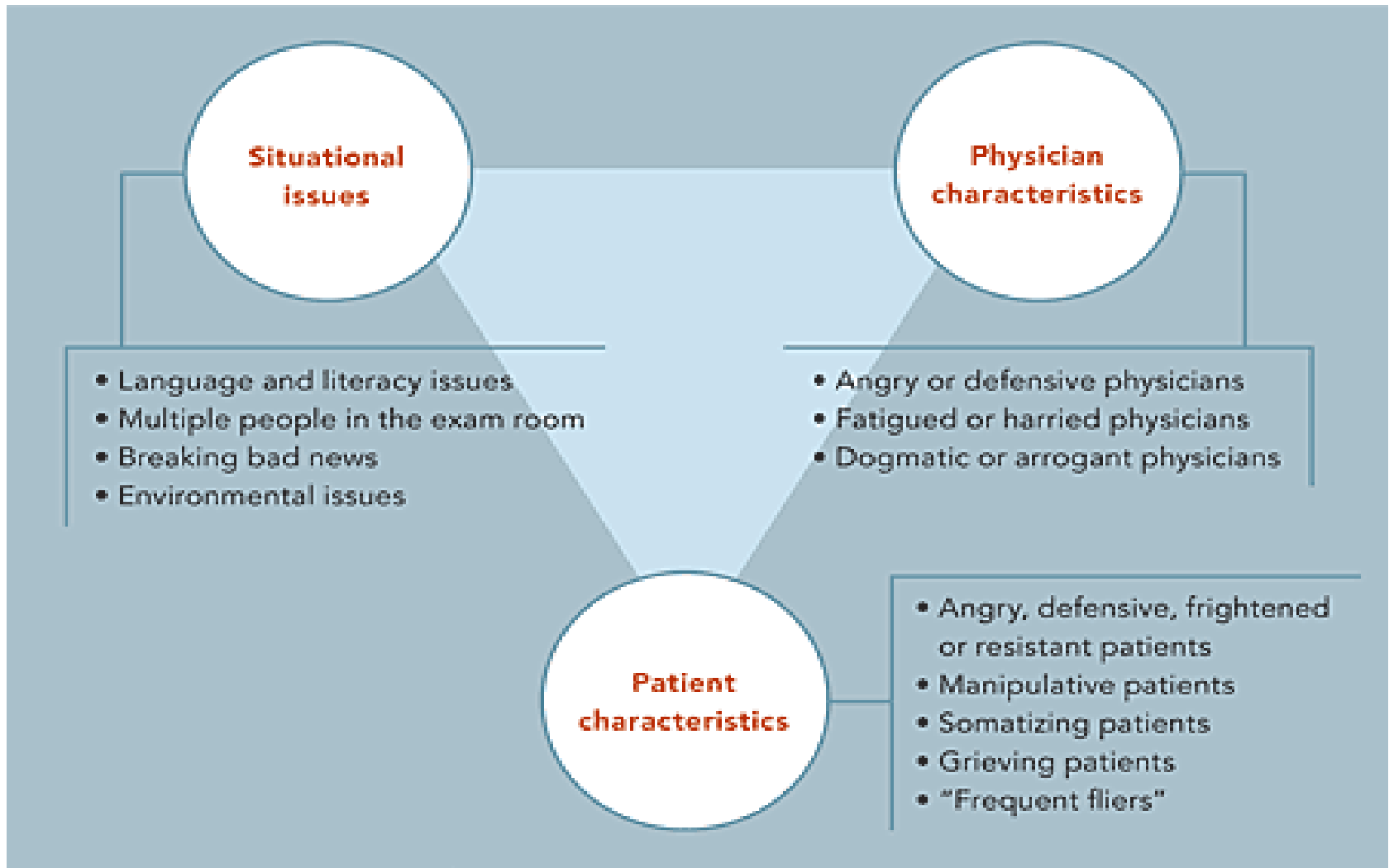
- List the ----- categories of “difficult” patients
- Discuss strategies for dealing with difficult patients

Outline of the Session

1. Why are patient encounters difficult
2. Review **the** models of consultation
3. Different kinds of difficult patients
4. Scenarios
5. Summing up
6. Take home message

Outline of the session

- 1. Components of a difficult clinical encounter**
2. Strategies to manage
3. Review the models of consultation
4. Different kinds of difficult patients
5. Scenarios
6. Summing up
7. Take home message



Patient Related Factors



Doctor Related Factors

- Interactions can be more difficult if the doctor is:
 - hungry, angry, late, or tired (**HALT**)
 - Personal factors could be a distraction for some doctors
 - Doctor's personality traits could clash with those of the patient
 - Stereotype or label certain patients or their behaviours

Reference: Managing challenging interactions with patients By Marika Davies, **Publication date:** 31, 2013
<http://careers.bmj.com/careers/advice/view-article.html?id=20013822>

Environment Related Factors

- Sometimes difficult encounters have more to do with the circumstances surrounding the encounter than with the people involved
 - **Language and literacy issues.**
 - **Multiple people in the exam room.**
 - **Breaking bad news**
 - **General environmental issues.**

Reference: How to Manage Difficult Patient Encounters by Sharon K. Hull, MD, MPH, Karen Broquet, MD, *Fam Pract Manag.* 2007 Jun;14(6):30-34.
<http://www.aafp.org/fpm/2007/0600/p30.html>

Outline of the session

1. Components of a difficult clinical encounter
2. Strategies to manage
3. Review the models of consultation
4. Different kinds of difficult patients
5. Scenarios
6. Summing up
7. Take home message

Angry, Defensive, Frightened or Resistant Patients.



- **Clenched fists, furrowed brows, wringing of the hands, restricted breathing patterns**
- **Ask Open Qs-** try to uncover the source of difficulty for the patient
- **Listen-** pay attention to the way his or her emotions relate to the medical issues at hand
- **Recognize your “triggers”**
- **Use empathetic / reflective statements** such as, **“I can understand why you might feel that way,”**
- **Follow with a discussion** about what it might take to resolve the situation

Reference: How to Manage Difficult Patient Encounters by Sharon K. Hull, MD, MPH, Karen Broquet, MD, *Fam Pract Manag.* 2007 Jun;14(6):30-34.
<http://www.aafp.org/fpm/2007/0600/p30.html>

Manipulative Patients

- **Play on the guilt of others, threatening rage, legal action or suicide**
- be aware of your **own emotions**
- attempt to **understand the patient's expectations** (which may actually be reasonable, even if his or her actions are not)
- realize that sometimes you have to **say “no.”**

Reference: How to Manage Difficult Patient Encounters by Sharon K. Hull, MD, MPH, Karen Broquet, MD, *Fam Pract Manag.* 2007 Jun;14(6):30-34.
<http://www.aafp.org/fpm/2007/0600/p30.html>

Somatizing Patients

- Present with a chronic course of multiple vague or exaggerated symptoms and often suffer from comorbid anxiety, depression and personality disorders. They often have “doctor-shopped” and likely have a history of multiple diagnostic tests
- Describing the patient's **diagnosis with compassion**
- Be sure to effectively manage any **comorbid psychological conditions**
- It is important to refrain from suggesting that “**it's all in your head,**”
- Avoid the cycle of vigorous **diagnostic testing and referrals.**

Reference: How to Manage Difficult Patient Encounters by Sharon K. Hull, MD, MPH, Karen Broquet, MD, *Fam Pract Manag.* 2007 Jun;14(6):30-34.
<http://www.aafp.org/fpm/2007/0600/p30.html>

Grieving Patients

- Look for vegetative signs of depression and maladaptive behaviors that prevent progression through the normal grieving process, and treat them.
- **Validating** their emotional experience
- Making sure they understand that grief is a process that takes varying degrees of **time for different people**
- Encourage **open communication**
- Avoid **inappropriate medication** to suppress emotions
- Caution against **major lifestyle changes** too early in the process.

Reference: How to Manage Difficult Patient Encounters by Sharon K. Hull, MD, MPH, Karen Broquet, MD, *Fam Pract Manag.* 2007 Jun;14(6):30-34.
<http://www.aafp.org/fpm/2007/0600/p30.html>

“Frequent Fliers.”

- Have bulk of medical charts. They may be lonely, dependent or too afraid or embarrassed to ask the questions they really want answered. They may have a large number of perfectly rational questions, the “worried well” or simply patients who have been given misinformation that needs clarification.
- Identify the underlying reasons for the frequent visits
- Begin by **acknowledging** that you notice the pattern of frequent visits,
- Find out - Concern about undiagnosed symptoms, a need **for reassurance**, a need for relief from chronic pain or a need to talk.
- **Showing understanding of the patient's reasons** often will foster an open discussion of the “reasons behind the reasons.”
- Use **patient education** and support personnel as needed
- Well-honed **pain-management skills** may also come in handy for patients who schedule frequent appointments due to chronic pain.

Outline of the session

1. Components of a difficult clinical encounter
2. Strategies to manage
- 3. Review the models of consultation**
4. Different kinds of difficult patients
5. Scenarios
6. Summing up
7. Take home message

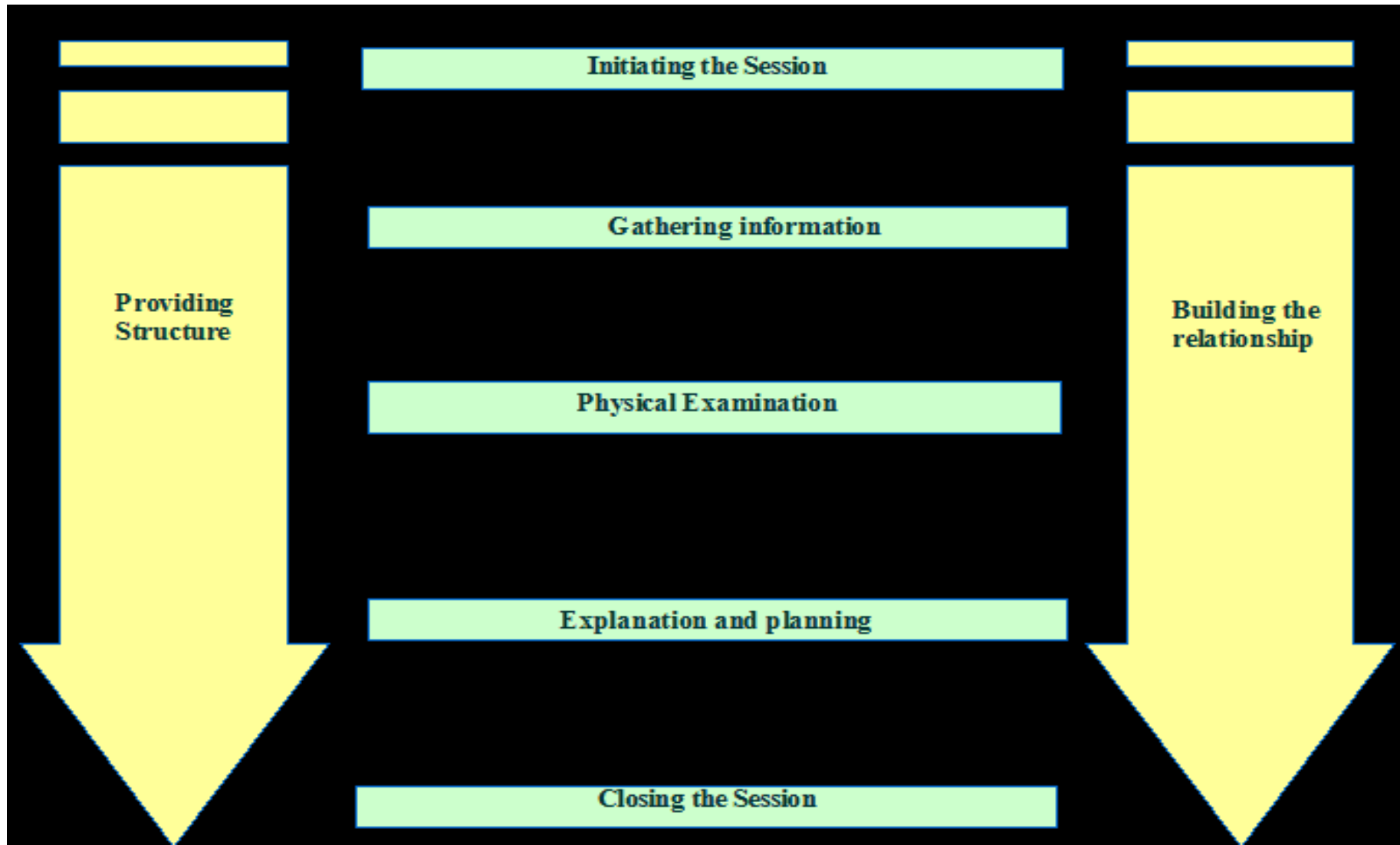
The biopsychosocial model of disease

My long-term health conditions are biological in origin, but the impact has been felt physically, psychologically and socially. My long-term health condition can't be treated just through the biological medical model alone. . . .



"The medical support keeps me alive, but it is the psychological and social support that enables me to live."

The Calgary Cambridge Model



Outline of the session

1. Components of a difficult clinical encounter
2. Strategies to manage
3. Review the models of consultation
- 4. Different kinds of difficult patients**
- 5. Scenarios**
6. Summing up
7. Take home message

Effective Doctor Patient Relationship

- Commitment on both sides
- Every diagnostic activity is a therapeutic activity
- So...

Care givers give ... **PEACE**

HOPE

MEANING IN LIFE

Difficult Patients ?

- Quiet
- Talkative
- Multiple Problems
- Anxious
- Angry and hostile
- Confused
- Limited Intelligence
- Language problem
- Depressed
- Children
- Adolescents
- Aging

Scenario and Exercises

- Work in Groups / Pairs and discuss how to manage Communication with the different types of patients

Why - they are the way they are?

How - would you manage?

Outline of the session

1. Components of a difficult clinical encounter
2. Strategies to manage
3. Review the models of consultation
4. Different kinds of difficult patients
5. Scenarios
- 6. Summing up**
7. Take home message

Summing Up

- Stay calm and professional
- Try to see the consultation from the patient's perspective
- Work together with the patient to find a solution and act in their best interests
- Have a “debrief” with colleagues after a difficult consultation
- Consider a training session in mastering challenging interactions

Outline of the session

1. Components of a difficult clinical encounter
2. Strategies to manage
3. Review the models of consultation
4. Different kinds of difficult patients
5. Scenarios
6. Summing up
- 7. Take home message**

Look for Non Verbal Communication Cues

- **Tip 1.** When someone raises their eyebrow, this is a sign that they have questions
- **Tip 2.** A person's eyes dilate strongly when they are stimulated by the conversation and are in a problem solving mode.
- **Tip 3.** The first person to look away in an introduction is the more submissive.
- **Tip 4.** If a person's eyes are moving around and darting from one object to another, they are either nervous or bored.

Thank you
Any Questions

email: nmirza@pnu.edu.sa